



# SPINAL COURIER

**SPINAL CORD**  
COMMISSION

Vol. 3 No. 1

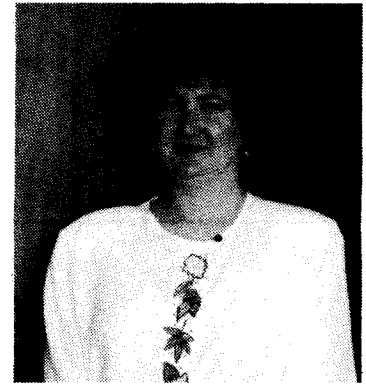
October, 1991

## Group Living Opportunities Come to Central Arkansas

One woman's dream will become a reality for six individuals with physical disabilities in the Spring of 1992. Mary Anita Andrews, an ASSCC client who has lived with multiple sclerosis for most of her life, dreamed of a community living situation where she could live sharing expenses and attendant care with others with physical disabilities. Mrs. Andrews was forced to move to a nursing home after the death of her husband and some additional deterioration of her condition. Mary Anita discussed her plight at Senator Pryor's Long Term Care Hearings held in Little Rock in 1989 and soon after she and Jeanne Fettig, a DHS Housing Specialist began working on a concept that has become Cheshire House.

Their plan, fashioned after the Cheshire Group Living Homes in England, brought together many individuals to work on the concept. Sam Sanders, Executive Director of Arkansas Enterprises for the Developmentally Disabled (AEDD) runs several similar homes in the state and agreed to administer the development of this home through the Housing and Urban Development (HUD) process. This project fits within the broadened scope of AEDD, who have also developed group living homes for the elderly in Beebe and Mount Ida.

Ground will be broken for Cheshire Home at 20th and Wilson  
**See Home on page 7.**



**TRENA HYDE NEW CASE-MANAGER IN WEST MEMPHIS**

Trena Hyde accepted the West Memphis Case Manager's position and began her employment with ASSCC on May 6, 1991. Ms. Hyde is a certified Rehabilitation Counselor who was employed by the State of Tennessee prior to assuming her duties with the Commission.

She obtained a BA in Social Work in 1986 and also earned her Masters in Rehabilitation Counseling in 1987 from Arkansas State University, Jonesboro.

ASSCC feels Ms. Hyde's experience in counseling, networking with community resources, eligibility determination and vocational guidance will assist the agency in maintaining quality services for individuals with spinal cord disabilities. She will provide case management services to individuals in Crittenden, Cross, Lee, Phillips, St. Francis, Woodruff and Monroe counties. After five months of learning new territory and meeting most of the individuals on her caseload, Ms. Hyde stated she has learned, "creativity is certainly one of the key elements of a case manager."

## GROUP COUNSELING CAN MAKE A DIFFERENCE

Have you ever been told to "quit feeling sorry for yourself and look on the bright side" and you didn't see a bright side?

Has anyone ever said, "at least you are alive" and you wished you weren't?

Have you ever been frustrated because a friend or family member just didn't understand?

Perhaps you haven't been able to sort out your own feelings yet. If you still answer "yes" to any of these, the Spinal Cord Commission has a deal for you. Because of the tremendous need, the Com-

mission has support/therapy groups available in many counties. Most groups meet weekly or bi-weekly and deal with any issues participants want. Confidentiality is required in order to assure everyone that what is said will not be repeated elsewhere.

Understandably, some people have a fear of meetings where they feel they must share their feelings. Others may be skeptical that "talking" could help. We have found that some group members attend their first meeting just to get out of the house and discover the support and help they did not  
**See Counseling on page 3.**

## SPINAL COURIER

Published quarterly by  
Arkansas State  
Spinal Cord Commission

Cheryl L. Vines  
Executive Director

Thomas L. Farley  
Editor

Published in cooperation with the Paralyzed Veterans of America, Spinal Cord Injury Education and Training Foundation.

## BUCKLE UP!

### Pregnant or Considering Pregnancy?

Any woman who is pregnant or considering pregnancy should request a copy of a report by the American College of Obstetricians and Gynecologists entitled "Management of Labor and Delivery for Patients with Spinal Cord Injury" and see that your doctor gets a copy. Copies are available from your Casemanager.

### Spina Bifida Children Allergic to Latex

The Centers for Disease Control has reported that spina bifida children seem to have an anaphylactic reaction caused by allergy to latex containing medical devices. The CDC advises the postponement of elective surgery until the reason for the reaction can be determined. If surgery cannot be postponed, precautions to ensure minimal contact with latex should be taken.

For further information, contact the Spina Bifida Association of Arkansas, PO Box 24663, Westside Station, Little Rock, AR 72221. Their phone number is 851-3351.

## SPINAL COURIER Letters

Questions • Suggestions • Directions • Answers

### Carpet Question Wears On

Dear Editor:

In reply to the letter from Pearl Hunt concerning whether or not wheelchairs destroy carpet. Based on my personal experience, the answer is they surely do!

I have carpet in one room in my house, and since I had it installed, I have found out (1) that I'll never buy any more, and (2) why it wears out so rapidly.

The main reason that the carpet wears out so very fast is because of the narrowness of the tires which concentrates the entire weight of the wheelchair and myself on an extremely small area. Also that going through, or in and out of a room, I tend to stay in a very narrow path that eventually causes ruts. And the problem with treaded tires is that they pick up so much dirt and foreign particles which the carpet rubs off and acts as an abrasive which accelerates wear.

Finally, when carpet ends in a doorway, there is a wooden strip with fasteners under the edge of the carpet that ambulatory people step over but we, alas, cannot.

My carpet looked good for 2 years, OK for the next two and needs to be replaced now after almost 5 years. Way too soon.

Stan Parker  
Rt. 2, Box 90  
Harrisburg, AR 72432

Dear Editor:

Reference to the letter by Pearl Hunt, Rogers, Arkansas, page 2, Spinal Courier, July 1991, Vol. 2 No. 4.

Wheelchairs do not operate easily in deep carpet that is either glued to the floor or loose laid. No more damage should occur than walking on the carpet or any other normal use. In nursing home administration, I found no adverse effects on carpet associated with wheelchair use.

The only problem is that it is more difficult to maneuver on carpet than on tile or wood surfaces.

My credentials: I have sold and installed carpet for over twenty years. I have administered a nursing home. I am now no longer associated with either, but have had many experiences with Pearl Hunt's question.

Could be that the apartment owner does not want to spend anything on carpet.

Leon Watson  
100 E. North Rm. 24  
Magnolia, AR 71753

### Good Vibrations

Martha Henderson, ASSCC Casemanager, reports that one of her clients has a unique relief for bad bouts of spasticity. Whenever a particularly bad period of spasticity occurs he uses his rototiller because the vibration from the handle makes his spasticity better for several hours.

*Have you found a practical solution to some problem that you would like to share with others? If so, this is your opportunity. Send your helpful hints to the SPINAL COURIER and we'll print them in the next issue. Please include your name for questions we may have but your name will not be printed if so desired. The Editor.*

## Counseling from page 1.

know existed. An avid outdoorsman\* who decided to see what the White County Group was all about reported after the third session, "If anyone had told me two months ago I would be here instead of on the riverbank, I would have told them they were crazy, but I actually left the river to come here today."

Jerry Grigsby,\* All American football player before his spinal cord injury, credits the group with turning his life around. "Even other people notice the change in my attitude." As a result of his involvement in group, Jerry now sees life differently and has set new goals for himself. He feels everyone in the group has played a part in the changes he has made.

Participants may leave the group with a great sense of relief knowing that:

- They are not alone.
- The feelings they have are normal.
- There are various ways to solve or cope with all problems.
- There are challenges, opportunities and purposes for them.

The Commission also has professional counselors on staff who can provide individual counseling in some parts of the state. There are no fees for any of these services. Call your ASSCC Casemanager for more information.

\* Names of these clients used by permission.

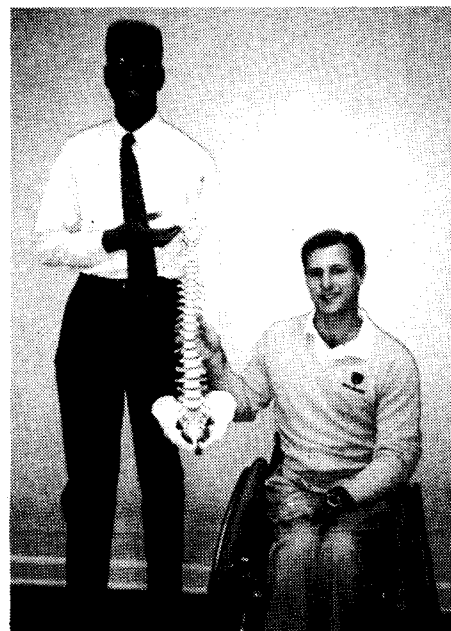
## New Prevention Staffers Come on Board

This month the ASSCC Spinal Cord and Head Injury Prevention Program (funded in co-operation with the Arkansas Highway and Transportation Department) begins its fifth year. Over the past 4 years we have taken our injury prevention message to over 100,000 young Arkansans in elementary schools, junior highs, high schools and colleges as well as to civic groups throughout the state. The program will start off this school year with two new, enthusiastic staff members, Reginald Jackson and Gregory Ridley.

Reggie, who hails from Helena, AR joined the staff August 26. He holds a degree in Communications from University of Central Arkansas and brings a wealth of experience in broadcasting, sales and working with young people.

Greg comes to us from Chicago, Illinois. He recently completed his degree in Therapeutic Recreation at the University of Illinois and has experience in injury prevention programs with the Rehabilitation Institute of Chicago as well as his own personal experience of living with a spinal cord injury. Greg is also an accomplished wheelchair athlete and has joined the Rollin Razorbacks.

Reggie and Greg replace Wendy Sharp and Kyle Sharp who left the



Reggie Jackson and Greg Ridley

Commission staff in July to pursue other interests in Northern Arkansas.

Reggie and Greg have already begun scheduling programs throughout the state. If you know of a school, civic club or group that would benefit from the "Harm's Way" prevention program or if you would be interested in participating in the program as a speaker give Reggie or Greg a call at 324-9620.

READ  
ME



## SPINAL COURIER Newsletter Mailing List Update

Check here if:

☐

The address on my mailing label is incorrect. My correct address appears below.

Check here if:

☐

Please remove my name from the SPINAL COURIER mailing list. My name and address appear below.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Return to Tom Farley, AR State Spinal Cord Commission, 1120 Marshall, Suite 207, Little Rock, AR 72202

## RESEARCH AND SPINAL CORD INJURY, PART 2

by  
Shirley McCluer, M.D.  
ASSCC Medical Director



In the last issue I promised to describe some of the progress that has been made in the last 50 years as a result of research efforts. Some of these were studies using experimental animals (rats, cats, dogs, etc) and some were studies in patients comparing one type of treatment with another. You should be reassured that no patient can be included in such an experimental trial without their full knowledge and consent. However without such comparisons we could not be sure that new treatments are better than old ones.

It is not possible to describe all of the discoveries in detail, but the following are some of the areas where progress has been made. If you are interested in more information about a particular topic, contact your case manager or the SCC Central office. The following are some of the benefits of research:

**Life Expectancy:** At the end of World War 1 the life expectancy for someone with SCI was about 2 years, but in 1991 the life expectancy for an SCI who survives the first year is almost as good as for the uninjured population. This is due partly to general medical discoveries (such as antibiotics to treat infection, better surgical techniques etc.), and partly due to better knowledge about SCI.

**Cause of Death:** The leading cause of death in SCI until about 10 years ago was kidney failure, closely followed by pressure sores. Now, as a result of better knowledge of how to manage neurogenic bladders and how to prevent pressure sores, the cause of death is becoming the same as the aging general population (heart disease, stroke, and cancer). In other words it is not due to the spinal cord injury directly. We are still trying to learn more about the

effects of having an SCI for 50-60 years.

**Prevention:** Studies which look at the causes of SCI have clearly shown that many injuries were preventable. About 50% of all SCI occur in motor vehicle accidents and most of these are associated with speeding, not using seat belts, and driving while intoxicated. There was a significant reduction in SCI cases in the U.S. when the 55 mph speed limit was mandated in 1975. Increased use of seat belts and better control of drinking drivers could prevent many future injuries. However there is a continued problem in getting people to change their behavior. The Spinal Cord Commission is very involved in Prevention Education programs.

**Surgical Decompression:** For many years surgeons believed that it was beneficial to do surgery to decompress the spinal cord (i.e. open up the canal to allow more room for swelling) as soon as possible after injury, but repeated studies proved that there was no better neurological recovery than in patients without decompression and the risks of operating for that purpose only were not justified. Decompression is rarely done now.

### **Prevention of Secondary Injury:**

**A. Due to unstable spine-** Many patients reported that they remembered having some movement or sensation immediately following their injury, but they lost it by the time they arrived at the hospital. Studies suggested that this was due to the way patients were handled at the scene of the accident. In the 1970's there was an intensive national campaign to educate emergency medical personnel and the general public about the correct way to move someone suspected of having a broken back or

neck. Now almost everyone knows they shouldn't move an accident victim until trained help is available. As a result of this improved emergency care there has been a significant increase in the number of incomplete injuries and patients with minimal paralysis who could have been completely paralyzed with careless handling.

**B. Due to changes in the spinal cord-** As discussed last time, there are many chemical reactions at the site of injury during the first hours that can cause further death of nerve cells that survived the original trauma. Treatments are tried first in animals and when they look promising and safe, they are tried in humans. As with the steroids, these treatments must be administered immediately after injury to be effective.

**Bladder Management:** There is still a lot of disagreement even among experts about the best way to manage bladders, but there is no question that kidney failure due to SCI has been almost eliminated. Fewer persons use indwelling catheters and fewer urinary infections and kidney stones occur.

**Gallbladder Disease:** Recently there have been several reports that SCI makes a person more likely to have gallbladder disease than the general population, but the reason is not known. If you are having vague abdominal symptoms, be sure your gallbladder is considered as a possible cause.

**See Research on page 5.**

Research from page 4.

**Fertility:** As recently as 1985 it was considered to be almost impossible for a spinal cord injured male to father a child. Although there are still many problems to be solved, current research has resulted in some men becoming fathers and the future looks more promising.

**Regeneration of Damaged Nerve Cells:** This is the area that has received the most attention, because obviously anyone would rather have their SCI cured than have rehabilitation to "learn to live with it". Fifty years ago it was generally agreed that when a nerve cell died it could not be replaced and very little research was being done. However, as scientists from many different fields of interest began to talk to each other (stimulated by persons with SCI) the attitude changed to a philosophy that regeneration is theoretically possible, we just don't know how. As a result of this attitude change, there was a new interest in studying the problem. As with cancer, a great deal has been learned, but we are still a long way from having all of the answers.

In 1991 we still must say that when a nerve cell dies it cannot be replaced!! The best advice for a person with spinal cord injury is to keep your body in as good a condition as possible so that you will be able to take advantage of any future discoveries.

How can you be sure that you will hear about new treatments that might be of interest to you? You definitely cannot go by what you read in the newspapers because the information is often confusing and inaccurate. My advice is to subscribe to a publication that will give you a realistic description of what research is being done and what the results mean. I strongly recommend one or both of the following:

See Research on page 8.

## How to Get a Job and Keep Your Benefits

By Don Krebs

Have you ever thought to yourself, how can anyone expect me to work? If I go back to work I'll lose my Social Security, Medicaid, Medicare, attendant care funding, and my HUD housing allowance. I can't afford to go back to work!

**Wrong!**

In my 12 years as a quadriplegic I've heard this excuse for not working hundreds of times. Well, my friends, this is no longer true. Social Security now offers many incentives for people with disabilities who want to work. Much has changed in 12 years; today it is possible to collect all or part of your benefits, even when you work full-time.



When I was first paralyzed, everyone, including my state Vocational Rehabilitation counselor, warned me to be careful about losing my benefits if I returned to work. After all, I had to go through hell just to get benefits. In fact, I almost had to provide that I would die if I did not have an attendant in order for the state to pay for one-and then they only wanted to pay for nine hours a week.

I will do my best to explain the new incentives. First, you must determine if you are receiving Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or both. To make things more complicated, the rules differ for each program. Sounds confusing already, doesn't it? But this is the easy part.

While there are more work opportunities available to people collecting SSI, the irony of this is that the government gives more incentives to work to people who have had little or no experience working. People who receive SSDI don't get nearly as many incentives; they receive SSDI only because they worked long enough to have earned their disability insurance. You don't get any real incentive to work unless you're trapped in a cycle of poverty. In any case, I will first give a brief summary of the work incentives in the SSI program:

**Rules under SSI:** One of the factors used to determine an exclusion from earnings (money that doesn't count against you) is called an Impairment Related Work Expense (IRWE). This provides that the cost of certain impairment-related items and services which are needed to work can be deducted from gross earnings in determining the SSI monthly payment amount, benefit status, and threshold amount. Cost for items and services must be paid for by the disabled individual, for example, attendant services, transportation cost, and adaptive devices. The person must first establish SSI eligibility without the IRWE exclusion.

A Plan For Achieving Self-Support (PASS) can help an individual establish or maintain SSI eligibility and can also increase one's SSI amount.

It provides an income and resource exclusion while setting aside income and/or resources over a specified period of time for a work goal such as education, training, or starting a business.

See Job on page 6.

## Job from page 5.

What this means is that if you want to save up money to start your own business, or to buy a computer or a car, or anything that will help you become financially independent, you can set aside earned or unearned resources to help you reach your goal without that income affecting your benefits. For instance, if you take a job that pays \$1000 per month you can deposit the entire \$1000 and still collect 100% of your benefits.

A PASS can run for 36 months, or 48 months if you are a student. So it is possible for you to save \$48,000 or more to achieve self-support without losing one dime of your benefits. All that Social Security requires is that you have a feasible work goal, a specific savings/spending plan, and that you provide clear accounting for the funds that are set aside. The PASS must be in writing and for a specific time frame.

In 1986 President Reagan signed into law The Employment Opportunities For Disabled Americans Act. This legislation makes it possible for people with disabilities to earn significant amounts of money without complete loss of benefits. This is only applicable to SSI recipients except under very limited conditions. The provisions under this law are as follows:

**Section 1619a.** Under this provision the first \$85 you earn is not counted against you, then for every \$2 you earn beyond \$85 Social Security will reduce your check by \$1. More importantly you will still receive Medicaid and state funded attendant care at no share-of-cost.

**Section 1619b.** After your earnings rise to a point where you are no longer eligible for regular SSI

payments under 1619a, you will still be eligible for Medicaid and attendant care funding at no share-of-cost under 1619b, until your earnings reach what is called a reasonable equivalent of earnings threshold. What this means is that you are guaranteed to be better off financially after working than you were collecting full benefits.

The threshold is calculated approximately as follows: two times SSI payment plus personal Medicaid monthly use amount plus attendant care cost plus IRWE and PASS exclusions. Only when you earn over the threshold for more than 12 consecutive months will

you lost all Medicaid and attendant care funds. In other words, you can keep these benefits until you are earning big bucks for at least one year; by using PASS you can work and keep these benefits for up to four years.

The \$64,000 question is, how much can you expect to receive when you work using the new incentives under SSI?

Let us suppose that a single, non-blind disabled California SSI recipient is presently receiving \$630 in monthly cash benefits in addition to his or her Medi-Cal (California's Medicaid) and state-funded attendant care. Let us further suppose that this individual returns to work and earns \$685 per month in gross income.

To determine the effect of these wages on the person's SSI payment: First, subtract \$85 from monthly earnings, which leaves \$600. Then divided this amount by 2, which equals \$300. Next, subtract this sum from the SSI cash benefit, which leaves \$330. This will be the person's "special" SSI cash payment amount.

Finally, take this sum and add it to

the monthly earnings (\$330 + \$685) giving \$1015 (before taxes) monthly income.

Under these provisions a person who earns \$685 per month gross income will still retain state-funded attendant care and Medi-Cal without paying a share-of-cost. In addition, this individual will continue to receive \$330 from SSI each month.

**Rules under SSI:** SSI beneficiaries are offered better incentives than those on SSDI. However one little known feature of the law is that by using PASS (see above) SSDI beneficiaries can gain access to all of the work incentives under SSI, as long as the SSI resource test is met.

Even many Social Security staff don't understand how someone on SSDI can start a PASS. According to SSI Claims Manual Section 00870.001, the PASS can be used to help a disabled person establish or maintain SSI eligibility.

Here is how it works. Every month you deposit your SSDI check in a PASS bank account, or use it to make a payment on something you are purchasing under your Plan for Achieving Self-Support; this excludes your entire SSDI check, making you eligible for SSI. But here is the best part if you are not working, you can still start a PASS with your SSDI check. Because you would no longer have your SSDI funds available to use, Social Security will turn around and give you an SSI check for your living expenses. By using this provision, I used \$20,000 of the government's money to start Access to Recreation, Inc. without ever losing a dime of my benefits.

The SSDI program also offers disabled people a trial work period to test their ability to work without losing benefits. Under this provision, you are credited with a

**See Job on page 8.**



## Home from page 1.

Street in the Camp Aldersgate area of West Little Rock next month. The seven bedroom, four bath wheelchair accessible residence will accommodate six adults with physical disabilities and a live-in House Manager who will coordinate and oversee the needs and activities of the residents. The home will also have a common, shared kitchen, dining room and living room. It is also anticipated that individuals who require personal care assistance (attendant care) will be able to share and coordinate attendant care to better meet their needs. Individuals will provide their own bedroom furniture but common areas will be furnished.

A waiting list is now being developed for applications for the home.

If you are interested in applying to be a resident of Cheshire Home, contact Sam Sanders or Georganna Imhoff at AEDD at 666-0246.

Cheshire Home will qualify as Section 8 housing so a sliding scale for rent will be established based on the individual's income.

"We are looking forward to a great success," said Sanders, "we know that there are more than six individuals with physical disabilities out there who would enjoy and could benefit from group living. Cheshire Home will be the first of its kind in Central Arkansas, but more will come to meet the needs."

Mary Anita Andrews presently requires more medical care than the Cheshire Home will allow but her dream will become a reality for her fellow Arkansans with physical disabilities. It's amazing what one person can accomplish when they set their mind to it.

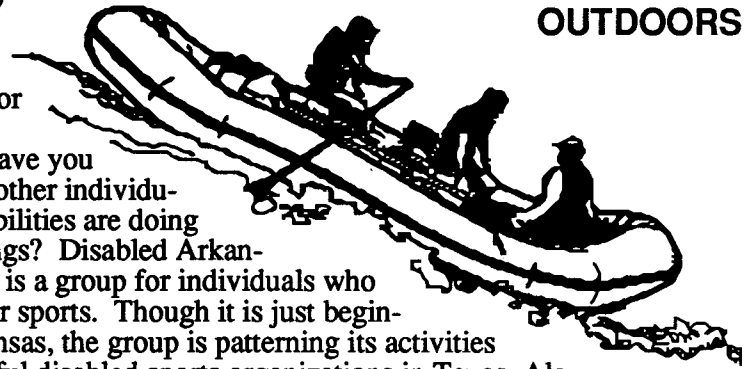
Are you a hunter?  
A fisherman?

Camper?

Enjoy floating the river or just relaxing outdoors? Have you

wondered if other individuals with disabilities are doing the same things? Disabled Arkansas Outdoors is a group for individuals who enjoy outdoor sports. Though it is just beginning in Arkansas, the group is patterning its activities after successful disabled sports organizations in Texas, Alabama and Georgia. "The plan" according to Gary Turner, one of the group's organizers is to provide opportunities for hunters and fishermen with disabilities to share information and resources on adapting equipment and techniques as well as organize regular events such as special hunts, fishing derbies and river rafting trips. The group will also work with community organizations to solicit funds to support some of these events.

## DISABLED ARKANSAS OUTDOORS



"We want to make sure that newly disabled individuals know that they can still hunt, fish and get outdoors, even using a wheelchair," says Turner. ASSCC Commission member Sloan Lessley, who works as an Aquatics Resource Biologist for the Arkansas Game and Fish Commission has been working with the Corps of Engineers, Game and Fish and other agencies to build accessible fishing piers at numerous sites around the state. "We want families to be able to fish together, not a separate place for people with disabilities and everyone without disabilities someplace else" says Lessley of the piers (known as "cow catchers" due to their unique, safe design) he designed that are being erected throughout the state.

The group has been in the formative stage for over a year and is now ready to become official and open for membership. The first organizing meeting will be held on November 2, 1991 at 1:00 pm at Central Arkansas Rehabilitation Hospital in Sherwood. In addition to a membership meeting, there will be showing of two new videos on access to the outdoors, exhibitions of accessible all terrain vehicles and hunting stands and information available on camping and adapted equipment. For more information, contact Gary Turner at 297-8053 or Cheryl Frazier at Cen-

## Golden Access Passport Available!

The National Park Service provides free entrance to national parks (and other Federal lands such as Corps of Engineer Parks and National forests). In order to get free entrance, the individual with the disability must apply in person for a Golden Access Passport. These are available at the Visitors' Center at National Parks. You will need to bring some certification that you are permanently disabled such as a letter from your physician or social security document. Once you receive the passport it provides lifetime entrance to these national areas as well as a 50% discount on recreational fees (such as camp site rentals). Many national parks feature accessible campsites. To obtain a free guide to over 300 national parks in the U.S., request Access National Parks by writing: Superintendent of Documents, U.S. Government Printing Office, WA DC 20402. For other information contact the National Park Service Information Line at 1-202-208-4747.



## Job from page 6.

month of work for each month that your earnings exceed \$200 (or 40 hours of work for the self-employed). When you have accumulated nine such months (they don't have to be nine consecutive months) you will have used up your trial work period.

According to Social Security, substantial earning (\$500 per month) during or after the work period would normally demonstrate your ability to work in spite of your disabling impairment; this is called Substantial Gainful Activity or SGA. Since earnings above this level are evidence of your ability to work, the Social Security Administration may no longer consider you disabled and discontinue your benefits three months later.

There is, however, an extended period of eligibility for those who have completed their nine month trial work period. It is not an extension per se, but after the nine month work has been completed you can be reinstated if your earnings drop below the SGA level. If your income goes below the SGA level during this extension period (36 months) you can have your benefit check resumed without the need of a new application, disability determination, or any waiting period-thus saving critical time for the beneficiary.

## SPINAL COURIER

Arkansas State Spinal Cord Commission  
Medical Arts Bldg., Suite 207  
1120 Marshall Street  
Little Rock, AR 72202

### Commission Members:

Grover Evans - Jonesboro  
Sloan Lessley - Calico Rock  
Russell Patton - Jonesboro (Chair)  
Glennis Sharp - North Little Rock  
Sheila Galbraith Bronfman - Little Rock

FORWARDING AND RETURN  
POSTAGE GUARANTEED,  
ADDRESS CORRECTION  
REQUESTED

For additional information about Social Security benefits, you can call the Social Security Administration toll-free at 1-800-772-1213. **Reprinted by permission from Don Krebs, 1990.**

## NEW NUMBER FOR SOCIAL SECURITY

The Social Security Administration has a new toll free information number. Any questions that you have about eligibility, benefits or regulations should be addressed to this number. You can get general information about social security disability benefits (i.e. without disclosing your own situation) or by giving your social security number you can find out specific information related to your own benefits. Write it down for future reference! 1-800-772-1213.

## Research from page 5.

PARAPLEGIA NEWS. An excellent monthly magazine - \$12 / yr. The Sept. 1991 issue featured several articles on current research. Write: Paraplegia News, 5201 North 19th St., Suite 111, Phoenix, AZ 85015

SPINAL NETWORK EXTRA. Published quarterly - \$15 / yr. Write: Spinal Assoc. Ltd., 1911 11th St., Suite 301, Boulder, CO 80302

## About Don Krebs

Don Krebs owns Access to Recreation, a mail-order company specializing in adaptive recreation equipment. He started his company with money from SSDI and the PASS program. Krebs has spoken at the White House on welfare reform and employment issues for the disabled. He also has taught workshops for the Social Security Administration.

Don says that Access to Recreation's 1991 catalog is the most comprehensive adaptive recreation equipment catalog available. The catalog has something for everyone who is physically challenged, from giant print playing cards to a six station weight training machine. Satisfaction is guaranteed on products ordered through the catalog. For a free copy of the catalog call toll free 1-800-634-4351 from 8:00 am to 4:00 pm Pacific Standard Time or write Access to Recreation, 2509 East Thousand Oaks Blvd., Suite 430, Thousand Oaks, CA 91362.



Printed on recycled paper.

BULK RATE  
US POSTAGE  
PAID  
Little Rock, AR  
Permit # 3168